



WEST AFRICAN COLLEGE OF SURGEON

4, Harvey Road, Yaba, Lagos, Nigeria

09062759914

REQUIREMENTS FOR APPLICATION FOR EXEMPTION FROM PRIMARY EXAMINATION

1. Application letter addressed to the Secretary-General
(with contact address, phone number and e-mail address)
2. Evidence of having passed Primary Examination from equivalent Colleges
(Success Letter)
3. Certificate of Full Registration with the Medical & Dental Council of the Resident Country of Applicant.
4. Current Annual Practicing Licence (not receipt)
5. Photocopy of NYSC Discharge Certificate/Certificate of Exemption (For Nigerians).
6. Evidence of change of name published in the News Paper. (where applicable)
7. Photocopy of MBBS Degree Certificate
8. Surgeon-In-Training form - **N80,000 (Eighty thousand naira only)**
(Fellows/HOD FWACS signing sections B & C of your SIT form must be in good financial standing with the College)
9. Exemption fee - **N300,000 :00 (three hundred thousand naira only).**
(Original teller is required)

Payment Details

Bank - UBA, LUTH Branch
Account No - 1014229919
Account Name - West African College of Surgeons

Please note:

1. **Processing of Exemption from the Primary Examinations of the West African College of Surgeons must be completed one (1) year before the intended date of sitting the Part I WACS Fellowship Examination.**
2. **You are expected to register as a Surgeon-In-Training after you must have gotten the approval of your Exemption from primary examinations of the Surgical College.**

PLEASE ADHERE STRICTLY TO THE INFORMATION ABOVE

